

ALLOTMENT/BOND AUTHORIZATION WORKSHEET (7220) NAVMC 11160 (3-85) SN 0000-00-006-9380 U/I PD of 100				PRIVACY STATEMENT THE PRIVACY ACT STATEMENT FOR INFORMATION ON THIS FORM IS CONTAINED ON NAVMC FORM 11000, PRIVACY ACT STATEMENT FOR MARINE CORPS PERSONNEL AND PAY RECORDS.	
1. SSN		2. NAME (Last, First, MI)			
3. GRADE		4. UNIT/ORGANIZATION			
5. RUC		6. NATURE OF ACTION START <input type="checkbox"/> STOP <input type="checkbox"/> CHANGE AMOUNT <input type="checkbox"/> CHANGE AMOUNT AND ADDRESS <input type="checkbox"/>			
7. BOND INFORMATION					
TRI	MO	REG	OWNERSHIP		BOND OWNER'S NAME (First, MI, Last)
			S/M	Other	
					OWNER'S SSN (if Other than S/M)
MAIL	SAFEKEEPING	CO-OWNER	BENEFICIARY		CO-OWNER'S OR BENEFICIARY'S NAME (First, MI, Last)
					CO-OWNER/BENEFICIARY'S SSN
3. TYPE OF ALLOTMENT					
9. TERM IN MONTHS					
10. INDIV/BLKT/CFC/NRS					
11. BLANKET/CHARITY AGENCY CODE					
12. FIRST DED DATE					
13. LAST DED DATE					
14. AMOUNT OF DED					
15. NEW AMOUNT OF DED					
16. STOP OR NSLI REASON					
17. REASON DATE					
18. ACCT/POLICY NUMBER					
19. ACCT OWNER					
20. ALLOTTEE OR BOND RECIPIENT ADDRESS					
21. ALLOTTEE OR BOND RECIPIENT ADDRESS					
22. CITY					
23. STATE					
24. ZIP CODE					
SIGNATURE:					25. DATE OF REQUEST
This is a worksheet only					

Figure 4-1-1.—Allotment/Bond Authorization Worksheet